

## Appendix 24 ■ Negotiated Risk Agreement Form

| Client's Last Name                                      | First Name | MI | MSSP # |
|---|------------|----|--------|
|   |            |    |        |
| <b>Client's desire/preference:</b>                      |            |    |        |
| <b>Current situation/cause(s) of concern:</b>           |            |    |        |
| <b>Possible/probable negative consequences:</b>         |            |    |        |
| <b>Possible alternatives to minimize risk:</b>          |            |    |        |
| <b>Final agreement, if any, reached by all parties:</b> |            |    |        |
| <b>Frequency of reassessment of risk:</b>               |            |    |        |

  

| Name              | Relationship        | Date |
|-------------------|---------------------|------|
| <i>Signature:</i> | <i>Client</i>       |      |
| <i>Signature:</i> | <i>Care Manager</i> |      |